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ABSTRACT

Three counseling situations in which a counseling student sought participatory help from his field instructor are described. In the first case study the counseling student had been working with a marginal family with severe marital and child management problems. Approaches discussed in supervisory conferences had not achieved the desired result and the student requested that the instructor interview the client. The consultation allowed the student to change the course of therapy to a more task-centered, goal-oriented approach. A disruptive child who was possibly abused and his mother were the clients in the second study. The consulting counselor aided the student in the assessment of the emotionally charged situation of removal of a child from the family and the interpretation and defense of this position in an interagency conference. The consultant also modeled as a therapist. In the third case study a child whose behavior was causing him to be removed from nursery school and his troubled family constituted the situation. The counseling student asked the instructor to share the case management. Teaching goals of demonstrating that a creative use of self and community resources can reverse a problem of family disintegration and that co-therapy is one of the more effective ways that teacher and student teach one another were realized. An aspect of social work that is difficult to define in concrete terms except by demonstration or example is the creative, imaginative use of self which can be taught by co-therapy. The open admission by the teacher that the student has something to teach him has itself value in the learning experience of the student. (ABL)

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CONSULTATION AND CO-THERAPY AS TEACHING DEVICES

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CONSULTATION AND CO-THERAPY AS TEACHING DEVICES

Initially, the paper was to be entitled "Co-therapy with Students as a Teaching Device." As I began to think about and describe what I had considered early experiences of co-therapy with students, I realized that my involvement in actual case situations sometimes began on a consultative basis rather than as a co-therapist. Thus the topic encompasses both consultation and co-therapy.

It is interesting to note that initially the experiences of consultation as well as co-therapy with students came frequently as a result of requests by particularly gifted and creative students who recognized their limitations, the results of their limited education and experience, and acknowledged the effects of these deficiencies upon their ability to formulate useful assessments or to effect client movement in the therapy situation. Thus, they sought concrete help from their field instructor in the form of active participation. At the time of the request, I had done little if any thinking about this as a teaching method, but I viewed it almost immediately as having the potential of being a useful teaching tool. That this also constituted some risk on the part of the educator goes without saying; the risk was viewed as worth the potential gain, however.

In the following paragraphs three situations in which students sought participatory help from their instructor, will be described.

The results of the consultation/co-therapy will be discussed, and an attempt will be made to draw conclusions from these experiences.

Example #1: M. L. a mature sensitive student had been working with a marginal family with severe marital problems and problems of child management for six months. The approaches we had discussed in supervisory conferences had not achieved the desired result, which led to the request that I interview the client.

The father of the family had gone "up north" to work, the mother had, contrary to expectations, enjoyed the subsequent freedom, had engaged in some sexual activity. The child had evinced behavioral problems. Although this was of some concern to the mother, she found herself more involved with her narcissistic needs than with the needs the child was expressing through her acting out behavior. Mother and child were <u>both</u> the students' clients. Whose needs determined tasks? Whose decision was it, should it be, ultimately, what goals and subsequent tasks were to be pursued? The mother vacillated between meeting her own needs and considering those of her children. (There were three other children in the family; two of these were presenting problems in the school.) My role in this instance became one of clarifier of issues. The mother had a decision to make: to join her husband up north or to remain in the area in which she was, perhaps for the first time in years finding some interesting diversions. There were clear

indications, however, that this lady could not keep the family together. Making the decision as to whether or not to remain with her husband also involved thinking about whether she would be willing to have her husband take the children should he wish to do so (the issue of whether or not he could care for them would then have to be explored with him), or if he did not, placing them into foster care. The student was present throughout the interview, at times participating. She had thus had the possibility of observing a consultation which had as its focus aiding a client to think in concrete terms - i.e., what are the specific implications about alternative decisions. While feelings were not ignored, they were related to specific decisions and their effect upon them.

According to the student this particular consultation changed the course of her therapy with this particular client, provided her with impetus to attempt a more task-centered, goal oriented approach. Prior to the consultation, although suggestions about possible approaches that might result in the client's movement had been made, the student's repeated comment at supervisory sessions had been "I can't seem to help Mrs. B. to move beyond rehashing her feelings of anger and disappointment with her marriage."

Example #2: He was a four year old in Headstart, one of five children, who was exceedingly disruptive in the classroom. He occasionally came in with burns and bruises that had no explanation; his mother talked about chaining him to a tree

when he needed to be punished. Home visits had resulted in a (working) relationship between student and mother but in no noticeable change in the mother's behavior toward the child, i.e., he still came to school with bruises, was literally starved for adult attention. The student working with the child and I had made the decision that because of the mother's needfulness we would 'engage' another graduate student in social work to work directly and intensively with the mother. The role of this worker was to be a supportive and nurturing one.[1]

Questions for consideration were, of course, whether or not the child could be permitted to remain in the mother's care, after what period of time following intensive work with the mother and with the father when available, (he is a truck driver frequently on the road), would it be reasonable to expect some movement on the mother's part? What were further potential dangers, physical and emotional, for the child? The literature is clear about the effect of neglect and child abuse upon the following generation.[2] After what point in time are the effects indelible, is another generation of child abusers inevitable? The student and I agreed that the student would work closely with the mother in the area of child management, would attempt to teach the mother through modeling new ways of interacting with her children; that she would be alert to any signs of abuse to the child and discuss these with the mother; and finally that the degree of change within the situation would be assessed after a four months' period.

When at the end of the four months the youngster was still exceedingly disruptive, periodically appeared with unexplained bruises, and no significant change was noted, the student under my supervision and I agreed that placement of the child was indicated. It was at this point that the student in question requested that I enter the case situation. She expected opposition to the placement suggestion by the other student social worker; she wanted for that reason an opinion not based solely on her reportage. I became a consultant/co-therapist in this case for a period of four months. The contributions I made in this instance were the following: aiding the student in the assessment process of an emotionally charged situation (the removal of a child/children from their family); aiding him in the interpretation and defense of this position in an inter-agency conference; modeling as a therapist.[3]

Example #3: The parents of a five year old whose behavior was such that they were about to be asked to withdraw him from the nursery school readily agreed to an appointment with the social work student. To no one's surprise, this couple with five children was beset with problems including the alcoholism of the father, personal problems of the mother which included dissatisfaction with the marriage and her role, malfunctioning of at least three of the children. Moreover, the couple desperately wanted to maintain the marriage and keep the family together and committed themselves to working toward this goal.

It was clear to the student from the outset that this implied, in addition to work with the family unit, individual work with at least three of the family members (mother, father, "identified patient") and in all likelihood with one or two of the other children as well. The student was under no illusion that she - or anyone else for that matter - could effectively work with this family without a co-therapist for the family sessions. Since the student had not previously worked professionally in the area, was placed in an agency that did not have social workers on its paid staff, her choice was between a student in placement with her and me. She asked me to share the case with her and gave as reasons for the choice the complexity of the case, the history of pathology in the family. It was agreed that at least in the beginning of the process the student would assume the leadership role; that mine would be that of a facilitator, enabler, guide to additional resources; that, however, we would share responsibility for case management.

The goals which the family and therapists set in the case were at least partially realized: the child's adjustment in nursery school improved; communication between the parents and between the parents and children was facilitated although by no means perfected; the role of the grandmother in the family was clarified; community resources were utilized effectively to aid various members of the family in their functioning (AA, school social work, health resources, etc.).

The teaching goals which I had set myself were also realized: to demonstrate that a creative use of self and community resources can reverse a process of family disintegration; to demonstrate that in most situations teacher and student teach one another and that co-therapy is one of the more effective means of doing so.

I began the paper by saying that I would attempt to draw some conclusions from the experiences I have just described. They seem to me to be self-evident. Even as we teachers maintain that willingness and ability to risk on the part of the student is an essential component of the learning (and therapy) situation, so I maintain is the willingness and ability to risk on the part of the teacher.

I would suggest that there are aspects of social work practice that are difficult to define in concrete terms except by demonstration or example: the creative, imaginative use of self and resources appear to me to be two of these. I would advocate co-therapy as a means of teaching the first mentioned, and most important, often absent component of social work practice.

Finally, the open admission on the part of the teacher that the student has something to teach him has itself value in the learning experience of the student.

Notes

[1]This student, not specifically attached to an agency, was working with individuals in the community referred to her by various agencies. She was labelled a "community worker."

[2]Freud, Goldstein, Solnit, Beyond the Best Interests of The Child (New York: The Free Press, 1973), is one of many references here. See especially page 11.

Audrey D. Smith, Book Review of V. J. Fontane's, Somewhere a Child is Crying: Maltreatment Causes and Prevention, in Social Service Review, V. 49 #1 (3/75), pp. 138-39:

> "Typically, the abused child is under three years of age, the violence is persistent or recurrent--Another tragic aspect of this problem is the long lasting effects of maltreatment if the abused child survives. Often the result is a 'criminal misfit' as an adult, one who abuses his own children or violently strikes out at others."

S. A. Yelaya, "The Abused Child - A Reminder of Despair", Canadian Welfare, V. 49 #2 (3/4/75 pp. 8-11):

> ". . .One of the startling facts is that most abusive parents were themselves victims of parental abuse when they were children."

[3]This particular instance convinced me that no student who has not had substantial practice experience prior to the educational experience should be expected or permitted to carry the major responsibility for intervention in and treatment of cases of child abuse. The risks and the responsibility demand at least substantial prior experience and at best demonstrated professional competence.

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